

D cket No. 4088-

### DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: **FLAPPER GAS NOZZLE ASSEMBLY**, for which a patent is sought,

the specification of which [check one(s) applicable

\_\_\_ was filed \_\_\_\_\_ as PCT International/U.S. Application No. \_\_\_\_\_  
\_\_\_ and was amended by Amendment filed \_\_\_\_\_ (if applicable); [or];  
☒ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

**POWER OF ATTORNEY:** As inventor, I hereby appoint the practitioners associated with **Customer No. 000110** as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Vincent T. Pace, Reg. No. 31,049 and Christopher A. Rothe, Reg. No. 54,650**

**POWER TO INSPECT:** I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

**SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110**

**DIRECT INQUIRIES TO: CHRISTOPHER A. ROTHE**

**Tel.: 215-563-4100**

**Fax: 215-563-4044**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SOLE OR FIRST JOINT INVENTOR

#### SECOND JOINT INVENTOR (if any)

Full Name BRIAN C. SHOEMAKER  
First Middle Last

Full Name \_\_\_\_\_  
First Middle Last

Signature Brian C. Shoemaker

Signature \_\_\_\_\_

Date 8-25-03

Date \_\_\_\_\_

Residence Boyetown Pennsylvania  
City State or Country

Residence \_\_\_\_\_  
City State or Country

Citizenship UNITED STATES OF AMERICA

Citizenship \_\_\_\_\_

Post Office Address:

Post Office Address:

721 Englesville Road

\_\_\_\_\_

Boyetown Pennsylvania 19512  
City State or Country Zip Code

\_\_\_\_\_ City State or Country Zip Code